

FOR OFFICIAL USE ONLY:

THRC# _____



TENNESSEE HUMAN RIGHTS COMMISSION CHARGE OF DISCRIMINATION

NAME (Indicate Mr., Ms., Mrs.)	HOME TELEPHONE (Include Area Code)
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STREET ADDRESS	CITY, STATE, AND ZIP	DATE OF BIRTH
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NAMED BELOW IS THE PUBLIC ACCOMMODATION ENTITY WHICH DISCRIMINATED AGAINST ME (If more than one, list below.)

NAME	TELEPHONE NUMBER (Include Area Code)
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STREET ADDRESS	CITY, STATE, AND ZIP	COUNTY
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NAME	TELEPHONE NUMBER (Include Area Code)
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STREET ADDRESS	CITY, STATE, AND ZIP	COUNTY
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CAUSE OF DISCRIMINATION BASED ON [Check Appropriate Box(es)]	DATE DISCRIMINATION TOOK PLACE:
RACE, specify _____ RETALIATION NATIONAL ORIGIN, specify _____ SEX, specify _____ AGE COLOR, specify _____ RELIGION, specify _____ CREED	EARLIEST DATE : LATEST DATE: CONTINUING ACTION

EXPLAIN WHAT HAPPENED: [If additional space is needed, attach additional sheet(s)]:

You have the option of signing the declaration statement below OR notarizing the complaint form, either of which must be done before filing the complaint.

I declare under penalty of perjury that the foregoing is true and correct.

COMPLAINANT SIGNATURE	DATE
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COMPLAINANT SIGNATURE	DATE
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Sworn to and signed before me this _____ day of _____ 20_____.

Notary Public Signature _____ Expiration Date _____.

How did you learn about the TN Human Rights Commission? Radio Television Friend Other, specify _____